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DOSE SHARING – THE URGENT NEED FOR THE UK TO TAKE ACTION AHEAD OF THE G7

Briefing by the UK Committee for UNICEF (UNICEF UK)

SUMMARY:

New analysis shows that the UK has enough Covid-19 vaccine doses forecast to start donating 20% of currently available vaccine to the COVAX facility from June onwards and still meet its target of vaccinating its entire adult population by the end of July. By doing so the UK would demonstrate its ongoing global health leadership and would be a strong message for other G7 nations to follow its example.

The G7[1] represents 13% of the world's population yet has purchased 33% of the available supply. A global shortage of available supply has been hampering efforts to distribute vaccines in low- and low-middle income (LICs and LMICs) countries and currently less than 2% of the world's Covid-19 doses have been administered in Africa[i].

The UK has purchased many vaccine candidates suitable for distribution in LICs and LMICs and has enough doses to fully vaccinate 50 million people in 2021 whilst giving boosters to high-risk groups, rising to 115 million if phase III vaccine candidates are approved, due the UK's forecasted supply of 347 million doses.

Dose sharing is also strongly supported by the public, with public polling showing that 85% of the UK public agreeing that excess Covid-19 vaccine doses should be shared with countries that need them[2].

The UK not only should action their recently made commitments to dose-sharing but use its G7 presidency to encourage other G7 countries to commit to dose-sharing to enable to the success of the COVAX facility and the equitable rollout of Covid-19 vaccines. If G7 members were to donate 20% of doses from June to August, this could result in an additional 165 million Covid-19 doses being made readily available for use in LICs and LMICs to vaccine their health workers and vulnerable populations.[3] Doing so will enable lifesaving health services, including childhood vaccination campaigns, to resume and prevent dramatic consequences for children.

[1] Including the UK, US, Canada, Japan, France, Germany, Italy and the EU
[2] YouGov survey conducted on 13 April to 2,106 adults in England, Wales and Scotland of GB adult population.
[3] 165 million would include vaccine candidates currently in phase III trials

METHODOLOGY:

This analysis was produced using data forecasts of vaccine supplies being allocated to the UK and other G7 members (including the EU and G7 countries within the EU: France, Germany and Italy) based on doses set to be made readily available. The supply forecasts are based on existing deals between countries and manufacturers of vaccine candidates. Only secured doses have been counted for this analysis. Optional doses were not included into the forecast and there is no evidence to suggest whether these options were to be ordered or when the delivery of these order would begin. Projected dates for receiving enough doses to vaccinate their adult populations (such as July 10th for UK supply) was calculated according to forecast supply projections. The data does not account for the administering of doses given additional factors such as vaccine hesitancy and logistical factors potentially delaying the rollout of vaccines. Future approvals and vaccine candidates that have yet to post phase III results have also been included in the supply forecast projections unless referenced otherwise.

For the purposes of this analysis, 'available' refers to the number of doses set to be physically available according to supply forecasts. Excess doses were calculated against the adult populations of the countries referenced, assuming two doses of vaccine were administered (or one dose of the Johnson & Johnson vaccine) and the remaining supply available to the country based on forecasted supply and the number of doses set to be made available. Further metrics such as the supply for vaccinating children, adolescents and providing booster doses for high-risk group have also been included.

Manufacturing and shipping delays publicly announced between the period of March and May have also been included in the baseline figures in the analysis. The vast majority of countries referenced in this analysis are not reliant on exports, or are relying on exports from within Europe. The figures used for the number of vaccines in the countries referenced refer to the supply available to countries in the number of doses based on supply forecasts as opposed to doses administered.

WHAT IS DOSE SHARING?

Dose sharing refers to the commitment by governments to transfer doses that have been secured bilateral deals or through COVAX. The principles of dose-sharing recommend that countries to share doses fairly and through COVAX, once they have coverage beyond their most vulnerable populations. When there is greater supply, dose sharing can increase.

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COVID VACCINE DOSE SHARING IS KEY TO CONTROLLING THE PANDEMIC AND PREVENTING EVEN MORE CATASTROPHIC IMPACTS

The unequal distribution of the Covid-19 vaccines is hampering global efforts to control the pandemic. It is estimated that 61% of future deaths globally would be prevented by an equal allocation of the vaccine, compared to 33% if doses are monopolised by 47 of the world's richest nations.[ii] 9 out of 10 people across 67 LICs and LMICs are at risk of not receiving a vaccine by the end of 2021.[iii]

Covid-19 also continues to affect most countries in the world due to new variants, leaving LICs and LMICs at an even greater risk of suffering severe consequences. Variants of concern can be linked directly to countries with the highest infection rates as seen in India, Brazil, South Africa and the UK. Variants originating in one country have been shown to have impacted infection rates in other countries.

As long as the virus remains unchecked anywhere on the planet, it will continue to mutate, cross borders, spread the disease within communities, significantly damage the global economy and disrupt essential services for children. And each new strain increases the risk of the disease evolving to an extent where current vaccines, diagnostics and treatments no longer work.

It is in the interests of the UK and other G7 members to ensure that immediate actions are taken to increase equitable distribution of immunisation coverage now, to protect us all in the future.

THE UK CAN BEGIN DOSE-SHARING IMMEDIATELY WITHOUT IMPACTING DOMESTIC VACCINATION PLANS

The UK has purchased 477 million doses with a forecasted supply of 347 million doses for 2021.[4] As of April 26th, the UK has administered 46,250,000 doses. If the UK were to vaccinate its entire adult population and provide booster doses to high-risk groups, the UK would have enough excess doses to vaccinate 50 million people, rising to 115 million people in vaccine candidates in phase III trials are approved.[5]

Supply secured for 2021	% of global supply secured for 2021	% of population of the world	Forecasted supply available	% of forecasted global supply available
477,000,000	3%	1%	347,488,408	4%

[4] Including vaccine candidates currently in Phase III trials
[5] Assuming only adults were vaccinated and a one dose regime used for the Johnson & Johnson vaccine

The benefits of sharing doses with the COVAX facility from June onwards are enormous and would only very marginally impact the G7 countries' coverage targets, including that of the UK.

Specifically, the UK donating 20% of available doses to the COVAX facility from June onwards would only delay the vaccination campaign's trajectory by 10 days and would still enable the UK to meet its target of vaccinating every adult in the UK by the end of July.

At current projections, the UK would have enough available doses to fully vaccinate its adult population by July 9th. If **the UK were to donate 20% of its doses the delay to having enough doses to reach the herd immunity target of vaccinating 80% of its adult population would be only three days**.

- The current expected date for the UK to have enough doses available to vaccinate all adults: July 9th.

Current date expected to have sufficient supply to fully vaccinate 80% of their adult population	Date if 5% of doses are shared from June onwards	Date if 10% of doses are shared from June onwards	Date if 20% of doses are shared from June onwards
14/06/2021	15/06/2021	16/06/2021	17/06/2021
To fully vaccinate 100% of their adult population	**Date if 5% of doses are shared from June onwards**	**Date if 10% of doses are shared from June onwards**	**Date if 20% of doses are shared from June onwards**
09/07/2021	11/07/2021	14/07/2021	19/07/2021
To fully vaccinate 100% of their population older than 12	**Date if 5% of doses are shared from June onwards**	**Date if 10% of doses are shared from June onwards**	**Date if 20% of doses are shared from June onwards**
20/07/2021	22/07/2021	25/07/2021	01/08/2021

According to the 2021 forecast supply the UK could afford to provide booster doses to high-risk populations and healthcare staff and still have enough doses to protect a further 116 million people. In addition, **vaccinating children and adolescents in addition to providing boosters for high-risk group and healthcare staff would leave the UK with enough available vaccines to protect a further 100 million people in 2021**.

Population (adult population)	Population that could be protected from excess doses from forecasted supply	If boosters are used for all high risk and healthcare staff	If boosters are used for all high risk and healthcare staff and all children/adolescents are vaccinated
66,650,000 (50,758,000)	134,973,909	116,191,939	100,299,939

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Sharing vaccines suitable for LICs and LMICs

In addition to the unprecedented scale of vaccine supply needed, LICs and LMICs face a number of challenges in the distribution of vaccines, including lack the supply chain infrastructures to store, transport and deliver vaccines effectively and efficiently. A wide range of vaccine candidates are likely to be available after G7 countries have fully vaccinated 100% of their adult population. A number of these vaccines (I.e. AstraZenca, Noravax, Johnson & Johnson) will provide efficient for distribution in LMICs, due to their suitability for standard refrigerator temperatures and withstanding more natural temperatures.

In the UK alone a range of candidates suitable for distribution in LICs and LMICS could be available in large quantities including:

- Over 50 million AstraZenca Vaccines
- Over 40 million Noravax vaccines
- Over 20 million Johnson and Jonson Vaccines (requiring only one dose)
- A further 58.8 million vaccines currently undergoing Phase III trials (CureVac and Valneva)
- A further 64 million vaccines requiring cold storage (Pfizer and Moderna)

Vaccines available after 100% adults vaccinated	**AZ** WHO approved	**Pfizer** WHO approved	**Moderna**	**Sanofi/GSK** Phase I/II ongoing	**Novavax**	**CureVac** Phase III ongoing	**Valneva** Phase III ongoing	**J&J** WHO approved	**Medicago** Phase III ongoing	**AnGes** Phase I/II ongoing
UK	50,385,198	54,063,467	10,848,824	6,641,041	40,160,053	25,710,976	52,973,246	20,634,258		
Suitability for use in children	Trial in children suspended	Data for 12+ released in press release, appears safe	Trial in children ongoing	No trial planned to date	Trial in children in talks	No trial planned to date	No trial planned to date	Trial in children ongoing, risk of CVST may hinder	No trial planned to date	No trial planned to date
Suitability to distribute in LMICs	Suitable	Requires cold storage	Requires cold storage	Suitable	Suitable	Suitable (can store for 3 months at room temperature)	Suitable	Suitable	Suitable	Requires cold storage

Therefore, the UK should commit now to start dose sharing from June onwards through the COVAX facility where possible, in line with the facility's fair and equitable allocation framework that is designed to enable LMICs vaccinate their health workers and most vulnerable populations.

SHARING AVAILABLE DOSES IMMEDIATELY WILL:

- Reduce supply constraints currently faced by COVAX.
- Enhance predictability and planning – for COVAX, countries and manufacturers, in particular confirmed doses will enable countries to prepare better, by building capacity to roll out vaccines and therefore immunise their health workers and highest risk populations at much greater speed.
- Give manufacturers enough time to prepare and plan vaccine shipments as quickly as possible. Manufacturers need to be alerted to these donations upstream in the process so that doses can be directed to where they are needed in the fastest and most cost-effective way possible.
- Reduce the risk that vaccines might be wasted or not used as quickly as could be.

DOSE SHARING IS CRITICAL TO AVERT AN UNPRECEDENTED GLOBAL CHILD HEALTH CRISIS

Countries outside of the G7 make up 87% of the world's population but have only secured 67% of doses to be available in 2021. It is expected that 60% of the world's population — or 4.68 billion people — will not have access to a Covid-19 vaccine until 2022 or later.[iv]

The predictions for conflict-affected countries are even more alarming, with only 2 of the 20 countries that experienced the highest levels of conflict in 2020 expected to have vaccinated their populations by mid-2022; 18 of them are not expected to reach mass vaccination until early 2023 or later.[v]

Dose sharing will enable the vaccination of frontline health workers in LMICs, who are critical to the restoration of essential health services for children, and which have been severely impacted by the pandemic.vi

At the peak of the pandemic, 90% of countries reported disruptions in basic health services, 3 and an additional 1.2 million children were projected to die in just six months across 118 low and middle-income countries, due to disruptions to newborn and child health interventions and acute malnutrition.

Recent analysis has shown that 228 million people, mostly children, are at risk of developing preventable diseases as a result of vaccination campaign disruptions. Sixty immunisation campaigns have been cancelled in 50 countries leading to a grave threat children's health and the heighten risk of outbreaks of vaccine preventable diseases such as measles, yellow fever and polio.

One of the key factors that has impacted service availability has been related to health workers – including due to health workers being diverted to Covid-19 responses, sickness, and fear of contracting to Covid-19 patients. Similarly demand for life-essential services has decreased

as a result of mothers and parents' fear of infection from health workers. Dose sharing can significantly contribute to resuming vital services. Many routine immunisation campaigns in LICs and LMICs have been suspended due to the fear of health workers spreading Covid-19 within communities. Vaccinating health workers therefore can enable the resumption of these services.

G7 LEADERSHIP

If G7 members were to share 20% of supply between June and August, this could result up to an **extra 165 million doses available in just three months**.

With just over 59 million doses currently delivered through COVAX[vii], the potential for up to 165 million doses in between June and August of 2021 would demonstrate an enormous contribution to the success of the COVAX facility meeting its ambitious 2021 targets, including vaccinating all health workers and vulnerable populations across LICs and LMICs in 2021.

The success of COVAX will be required to enable the restoration, resumption and intensification of essential health services for children and in doing so prevent the spread diseases outbreaks that could lead to millions of child deaths.

The UK has committed to ending preventable deaths of maternal, newborn and child deaths by 2030. As a long-standing global leader in child health, the government must step up to the challenge, and start sharing doses immediately to save children's lives.

As the host of the G7, the UK is in a unique position to drive global efforts in ensuring the equitable and efficient distribution of the vaccine so that it reaches the most vulnerable countries as soon as possible. Multilateralism through the G7 is imperative to showing a united front and an effective global response to COVID-19 among the world's leading economies.

The UK's leadership on Covid-19

The UK has demonstrated strong leadership in the global response to the pandemic, reasserting its influential role in shaping global political and development priorities. Success of COVAX facility would mark a positive return of the UK's £548million investment in COVAX.

- The UK is a strong champion of COVAX and has contributed £548 million to the COVAX Facility to date.[viii] The UK has also mobilised $US1 billion from global donors.
- It has provided more than US $120million to the Covid-19 strategic response preparedness plan.
- It has played a key role in the ACT Accelerator, including with targeted support for the global effort on the research and development of a vaccine.

In 2020, the UK hosted a hugely successful Global Vaccine Summit in which $8.8 billion was raised for Gavi, the Vaccine Alliance by global partners. The UK must once again show leadership in response to the global pandemic and encourage Covid-19 vaccines to share immediately through the COVAX facility.

This historical leadership offers an excellent foundation upon which the UK can use its global influence so to ensure an equitable distribution of vaccines both through the G7 and beyond.

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RECOMMENDATIONS

1. The UK Government must start sharing Covid-19 vaccine doses from June onwards

In line with COVAX Dose Sharing Principles and the WHO Fair Allocation framework, the UK should begin sharing 20% of available doses from June onwards, to address global vaccine supply shortages and put an end to the pandemic in the quickest way possible.

The UK Government must:

- **Donate 20% of doses from June onwards**: The UK should send 20% of vaccines straight to COVAX from June onwards, which could be done without affecting the pace of the UK domestic supply availability and rollout.

- **Plan now for all excess doses to be fully utilised in 2021**: Organise for all doses to be distributed globally so that none of the excess doses purchased by the UK go to waste.

- **Coordinate a clear strategy**, with both manufacturers and COVAX, identifying how many doses will be available and when, so partners can plan for the effective and fast delivery of all additional doses.

- **Ensure all reallocations adhere to the COVAX Principles for Sharing COVID-19 Vaccine Doses**, doses shared must be safe and effective, rapidly deployable and in substantive quantity. Doses should also be shared as early as possible and unearmarked (not for specific locations and populations).

The Government should ensure that any dose sharing is in addition to fully funding the COVAX facility and Access to Covid-19 Tools Accelerator (ACT-A), and should also ensure that the cost of dose sharing does not count towards the 0.5% ODA limit. Instead, the UK should include costs related to dose sharing in its overall £6 billion Covid-19 vaccine development and procurement package.

2. The UK Government must use its G7 presidency to secure commitments on dose sharing

The UK should use its presidency of the G7 to set an ambitious, time-bound, G7 target for dose sharing. It should encourage other G7 countries to make their own ambitious contribution towards this target so to ensure equitable access to vaccines for all countries.

The UK Government must:

- Secure commitments from G7 countries to begin sharing doses immediately, so to meet a joint target that at a minimum covers the existing supply gap faced by COVAX.

UNLESS REFERENCED OTHERWISE, THE DATA FOR THIS ANALYSIS WAS PRODUCED BY AIRFINITY, A SCIENCE ANALYTICS COMPANY

[i] WHO (2021) Less than 2% of World's Covid-19 Vaccines Administered in Africa. Available: https://www.afro.who.int/news/less-2-worlds-covid-19-vaccines-administered-africa

[ii] . Chinazzi et al., Estimating the effect of cooperative versus uncooperative strategies of COVID-19 vaccine allocation: a modeling study, Mobs Lab, 14 September 2020, https://www.mobs-lab.org/uploads/6/7/8/7/6787877/global_vax.pdf

iii Amnesty International, Campaigners warn that 9 out of 10 people in poor countries are set to miss out on COVID-19 vaccine next year, 9 December 2020, https://www.amnesty.org/en/latest/news/2020/12/campaigners-warn-that-9-out-of-10-people-in-poor-countries-are-set-to-miss-out-on-covid-19-vaccine-next-year/

[iv] Source: One Campaign

[v] Mercy Corps, Countries Facing Highest Levels of Conflict Likely to be Among the Last to Achieve Widespread COVID-19 Vaccination, 25 March 2021, https://www.mercycorps.org/press-room/releases/NPC-Countries-facing-conflict-last-to-receive-vaccine

[vi] Unicef UK, Future at Risk: The UK's role in averting a global health crisis for mothers and children, 2021, https://www.unicef.org.uk/policy/report-future-at-risk/

[vii] UNICEF Supply Division COVID-19 Vaccine Market Dashboard accessed on 10 May 2021, https://www.unicef.org/supply/covid-19-vaccine-market-dashboard

viii UK Parliament, Coronavirus: International Cooperation, Question for Foreign, Commonwealth and Development Office, UIN HL9853, tabled on 2 November 2020, https://questions-statements.parliament.uk/written-questions/detail/2020-11-02/hl9853